

Form 1095-B

Department of the Treasury
Internal Revenue Service

Health Coverage

VOID
 CORRECTED

OMB No. 1545-2252

2018

Do not attach to your tax return. Keep for your records.

Go to www.irs.gov/Form1095B for instructions and the latest information.

TRACKING #: 410901111

Date of birth (if SSN or other TIN is not available)

Part I Responsible Individual

1 Name of responsible individual - first name, middle name, last name
VIRGIL RAI UBALT-RAJ

5 City or town
ALPHARETTA

2 Social security number (SSN) or other TIN
XXX-XX-6999

3 Date of birth (if SSN or other TIN is not available)
7 Country and ZIP or foreign postal code
T/S 30022-0000

4 Street address (including apartment no.)
7107 COLLINGWOOD LANE

6 State or province
GA

9 Reserved

11 Employer identification number (EIN)
13-4) 37658

8 Enter letter identifying origin of the Health Coverage (see instructions for codes): B

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name
SOFTCRYLIC LLC

13 City or town
MINNEAPOLIS

14 State or province
MN

15 Country and ZIP or foreign postal code
T/S 55401

12 Street address (including room or suite no.)
STE 208718 WASHINGTON AVE N

17 Employer identification number (EIN)
41-0984460

18 Contact telephone number
1-888-878-0154

16 Name
BCBSM INC

20 City or town
EAGAN

21 State or province
MN

22 Country and ZIP or foreign postal code
US 35122

19 Street address (including room or suite no.)
3535 BLUE CROSS ROAD

Part IV Covered Individuals (Enter the information for each covered individual.)

(a) Name of covered individual(s)
First name, middle initial, last name

(b) SSN or other TIN

(c) DOB (if SSN or other TIN is not available)

(d) Covered all 12 months

(e) Months of coverage

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

23 VIRGIL UBALT-RAJ
XXXX-XX-6999

24 AJITHA DASAIAN
1982-06-18

25 TEJASVI VIRGIL-RAJ
2011-02-24

26 PUGAL VIRGIL-RAJ
2013-11-01

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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cal. No. 607048

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